

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16717

State File No.

Registrar's No.

FILED JUN 9 1943

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 74 yrs-4 mos- 1869 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Walsh

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
(b) Name of husband or wife John Walsh 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Jan. 14, 1869 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 4 14 hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business

12. Name John Moran
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Walsh
(b) Address 2517 1/2 W. St. Louis Ave

17. (a) burial (b) Date thereof 5-31-1943 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph J. Goshard

(b) Address 2228 St. Louis Ave

19. (a) MAY 26 1943 (b) J. F. Brueck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2517 1/2 St. Louis Ave (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1943 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 10-11 1943 to May 28 1943
that I last saw him alive on May 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis
coronary occlusion

Due to.....

Due to.....

Other conditions cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Les. A. Mellie (M. D. or other) Address 2739 N. Grand Date signed 5-29-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.